

Instructions for Completing Form 829-1

Send this form and attachments to:

FIC/ISB, Building 16A, Room 101.

Timeframes for Submission of Form 829-1 and Required Supporting Documentation:

- NIH-sponsored J-1 visa
 - a. **New** appointment:
 - (1) Candidate outside the U.S. 90 days
 - (2) Candidate already in the U.S. .. 120 days
 - b. **Renewal** of appointment..... 120 days
- H-1B visa, O-1 visa, **or** ECFMG (Educational Commission for Foreign Medical Graduates)-sponsored J-1 visa:
 - a. **New** appointment..... 120 days
 - b. **Renewal** of appointment..... 120 days
- **Inter- and Intra-ICD Transfer**..... 60 days

Note 1: If the applicant chooses a format other than the SF 171, "Application for Federal Employment," or OF 612, "Optional Application for Federal Employment," as an attachment to this form, the following information must be included in the individual's resume, Curriculum Vitae or any other format chosen:

- Full name and mailing address.
- Education (*in chronological order*):
 - Colleges, universities, professional schools attended--Name of institution (include complete address); years attended; discipline; degree and date.
 - Other courses or training--Name of institution (include complete address); years attended, discipline, degree and date.
- Research experience in the U.S. and abroad (paid or unpaid; start with most recent):
 - Position title (include series and grade if Federal job).
 - Employer's name and address.
 - Supervisor's name and address.
 - Start and end dates (month and year).
 - Salary.
 - Brief description of duties or research.
 - If in the U.S., visa status.
- Special skills, accomplishments, and awards:
 - Special skills and accomplishments. List special qualifications, skills, or accomplishments; membership in professional or scientific societies; patents or inventions, etc.
 - Professional licenses. List all current professional licenses held in the U.S. and abroad. If foreign medical graduate, list U.S. certification(s), e.g., ECFMG, FLEX.
 - Professional honors and awards, offices held in professional organizations (e.g., national or international awards, leadership activities, and performance awards.)

Note 2: A request that will exceed the Exchange Visitor (J-1 visa) Program three-year limit, up to a maximum of six years, must be accompanied by a memorandum from the scientific director or the sponsor, through the ICD scientific director, with "good cause" justification for this special exception. *Only*

individuals in NIH's J-1 program *prior* to March 19, 1993, may be extended for five years without "good cause" justification. If a sixth year is requested for these "grandparented" individuals, a "good cause" justification must be provided. All such requests must be approved by the Associate Director, Office of Intramural Research, OD, prior to submission to FIC/ISB. Extensions for "good cause" beyond the basic time limitations must be approved by USIA *before* FIC can request an extension of stay. **Please add three months processing time to such requests.**

Note 3: The Exchange Visitor (J-1 visa) Program is limited to three years for "Research Scholars." This includes time in J-1 status prior to coming to NIH. If the individual is already in the U.S. in another J-1 program, have your ICD Key Contact consult your Fogarty Immigration Specialist to verify continued J-1 eligibility *before* submitting this request.

Answer all questions completely and accurately. Blocks not discussed are self-explanatory. If any block does not apply, please write N/A.

- 8. **Name:** Do *not* use initials, even for middle names--the entire name must be spelled out.
- 10. **Date of birth:** Most countries indicate dates in a day/month/year format. Check the date provided and convert it to the month/day/year format, if necessary.
- 12. **Degrees and dates of degrees:** Include all graduate degrees and corresponding dates, in chronological order. *The ICD must verify that the foreign degree is equivalent to a U.S. doctoral-level degree. If in doubt, consult an independent foreign degree-evaluating service or OD/OIR, and include results with this application.*
- 14. **Mailing address:** Current address to which documents should be mailed. Do not use an NIH location.
- 15. **Country of citizenship:** This may be different from the country of birth.
- 16. **Country of legal permanent residence:** Attach proof if different from country of birth and/or country of citizenship. If legal permanent resident of the U.S., attach copy of both sides of Alien Registration Receipt Card (Form I-551).

Note: Permanent Residents who are within four years of eligibility for U.S. citizenship are eligible for staff fellowships in the research ICDs and should be considered first for these positions. If the NIH Visiting Program is selected, a note of explanation should be provided.
- 20. **Current salary:** If current salary is not in U.S. dollars, convert to U.S. dollar equivalent. (Note that the Canadian dollar is *not* equivalent to the U.S. dollar.)
- 22. **Proposed start date and end date:** Must be date specific. New appointments are customarily made for two years. A brief explanation must be provided in block 42 if the appointment is to be for less than a two-year

period. (Exception: Initial ECFMG-sponsored J-1 visas are for a maximum 13-month appointment.)

27. Visa status: e.g., J-1, H-1B, O-1, Permanent Resident.

28. Date of entry into the U.S.: Indicate original date of entry into the U.S., and date stay expires. Also show any change of visa status that has occurred.

Note: Attach copies of appropriate immigration documents for applicant and dependents, e.g., (a) all Forms I-94; (b) all USIA Forms IAP-66 for a J-1 visa holder; INS Form I-797 for an H-1B or O-1 visa holder; (c) copies of those passport pages that show passport number, individual's photograph, name and date of birth, passport expiration date, and visa stamp.

29. Current U.S. sponsoring institution and address:

Name and mailing address of U.S. institution currently sponsoring the candidate.

30. If the request requires OD/OIR approval, send directly to OD/OIR.

42. Describe the proposed research program: In addition to a description of the proposed research program, the general research area (e.g., genetics, biochemistry) must be provided. If the appointment is for less than two years, include an explanation. Use a continuation sheet if needed.

43. For MDs only. The level of patient contact must be specified in advance, and may not be changed at any time during the appointment period. If patient contact is anticipated, it must be requested at this time.

(a) **No patient contact:** Self explanatory.

(b) **Incidental patient contact at any time while at NIH** (for individual sponsored under the NIH J-1 Program): Provide foreign scientist's Educational Commission for Foreign Medical Graduates (ECFMG) certificate number and date, and furnish a "Four-Point Memorandum," signed by the sponsor and approved by the ICD Scientific

Director. The "**Four-Point Memorandum**" must address four critical points:

(1) that the program in which the foreign physician will participate is predominantly involved with observation, consultation, teaching, or research;

(2) that the individual's research program necessitates clinical contact with patients involved in the research--describe contact;

(3) the clinical privileges which are essential to carry out the research; and

(4) that the foreign physician (a) will not be given supervisory responsibilities nor final responsibility for the treatment or diagnosis of any patients, (b) that he or she will be supervised by a U.S. citizen or permanent resident who is licensed to practice in the state of

_____ (or has a PHS waiver of that requirement), and (c) that he or she will receive no credit towards medical specialty certification. Consult ICD Key Contact for further guidance.

Note: A Four-Point Memorandum is not required for renewal of appointment if there is no change in the program or supervisor. If this is the case, specifically state so in Item 43.

(c) **Full patient contact** (for individual sponsored under the ICFMG J-1 Program, or for individual for whom the ICD is requesting H-1B classification): Furnish ECFMG certificate number and date, copy of medical licensure in U.S. and home country and for H-1B status, evidence of FLEX.

45. Supply all information requested for dependents accompanying VA/VS or traveling to U.S. separately. Furnish full name(s); do not use initials, even for middle names. Furnish passport information *only* if dependents are already in the U.S. Give approximate date(s) of travel for dependents traveling to the U.S. separately.

For further guidance, consult your ICD key contact.

International Services Branch, FIC Request for Appointment To NIH Visiting Program <i>Ref: NIH Manual Issuance 2300-320-3</i>				Case Number (for FIC/ISB use only)			
Summary of Instructions (See Instructions page for complete information.) Complete this form, and attach the following documents. All documents must be in English, or be accompanied by English translations. <ul style="list-style-type: none"> ● Copy of doctoral degree (if in Latin, translation not necessary). ● Bibliography. ● Two letters of reference (less than one year old). ● ECFMG certificate, if patient contact is anticipated. ● "Good cause" justification memorandum if end date will exceed three years of exchange visitor (J-1) status (see instructions on top tear-off sheet, "Instructions for Completing Form 829-1"). ● Forms SF 171 or OF 612, Curriculum Vitae, Resume, or any other written format applicant may choose which includes the information requested under Note 1 of the top tear-off sheet. Note: Appointment is not official until visa status is cleared and official appointment letter is issued by FIC/ISB.				PROGRAM INFORMATION 1. Type of Appointment <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> TRANSFER (Inter/intra ICD) <input type="checkbox"/> Visiting Associate <input type="checkbox"/> Visiting Scientist 2. Common Acct. No. (CAN) 3. ICD (use initials) 4. Lab/Branch (spell out name) 5. Proposed NIH location (Bldg./room) 6. Phone 7. FAX -			
CANDIDATE INFORMATION 8. Name (FAMILY NAME, first, middle) Spell out entire name (CAPITALIZE family name). 9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 10. Date of Birth (month/day/year) 11. Social Security No. (if in the U. S.) 12. Degrees and dates of degrees 13. City and country of birth 14. Mailing address (Do not use an NIH location) 15. Country of citizenship 16. Country of legal permanent residence (If Permanent Resident of U.S., attach copy of Resident Alien card.) 17. Current Phone No. 18. Current FAX No. 19. Present position title, name of institution, and address 20. Current salary (in U.S. dollars) 21. Proposed salary (If renewal with pay adjustment, include effective date and P.O. initials) 22. Proposed "start" and "end" dates (For new request, provide brief explanation in block 42 if less than a two-year period.) -							
TRAVEL INFORMATION Complete only if travel is to be funded by ICD. 23. To 24. From 25. To 26. From							
IMMIGRATION INFORMATION For new appointment if applicant is already in the U.S. 27. Visa status 28. Date of entry into the U.S. 29. Current U.S. sponsoring institution and address Attach copies of appropriate immigration documents for applicant & dependents, e.g. Forms I-94, IAP-66, and pages of passport.				OD/OIR Approval 30. Is this an exception requiring OD/OIR approval? (If yes, send request directly to OD/OIR.) <input type="checkbox"/> Yes OD/OIR Signature and date: <input type="checkbox"/> No			
SPONSOR INFORMATION 31. Name (please type) 32. Title, ICD, lab/branch 33. Signature Date 34. Bldg./room 35. Phone 36. FAX -							
APPROVAL SIGNATURES Only provide those required by your ICD's delegation of authority. 37. Laboratory Chief (Type name, Sign.) Date 38. ICD Scientific Director (Type name, Sign.) Date 39. ICD Admin. Officer (Type name, Sign.) 40. Phone Date 41. ICD Director (Type name, Sign.) Date							

International Services Branch, FIC

Case Number (for FIC/ISB use only)

Request for Appointment To NIH Visiting Program**ADDITIONAL REQUIRED INFORMATION**

42. a. State general research area (e.g., genetics, biochemistry): _____
 b. Describe proposed research program. _____
 c. Provide explanation if a *new* appointment for *less* than two years. (Attach continuation sheet, if necessary.) _____

43. MDs only: (Check one, complete information, and attach documents as requested. NIH-sponsored J-1 visa holders are limited to incidental patient contact. See instructions before completing.)

- ☐ a. No patient contact *Furnish:* ● Four-Point Memorandum ☐ No change in program (for renewals only)
- ☐ b. Incidental patient contact. ● ECFMG Certificate No. _____ dated _____ (attach copy)
- ☐ c. Full patient contact. *Furnish:* ● ECFMG Certificate No. _____ dated _____
- Current medical licensure:
 U.S. (specify state) _____ and/or country abroad _____
 Valid from _____ to _____
- FLEX Exam: ☐ No ☐ Yes Date _____ (Provide copy)

44. State the proposed appointee's availability and plans after termination of appointment. *Note:* Under USIA regulations for J-1 visa holders, individuals are expected to return to the home country at the end of their programs.

45. List the following information for all dependents (spouse and unmarried children under 21), if accompanying VAVS or traveling to U.S. separately. (Attach continuation sheet, if necessary.)

FAMILY NAME, First, Middle	Relationship	Date and city and country of birth	Nationality (citizenship)	Country of Legal Permanent LReside	If in the U.S.: Passport No./ expiration date/ issuing country	If traveling to U.S. separately: Approximate date of travel
a.						
b.						
c.						
d.						